



# CITY OF LONG BEACH

DEPARTMENT OF PLANNING AND BUILDING

333 West Ocean Boulevard

Long Beach, California 90802

(562) 570-6651

FAX (562) 570-6743

DEVELOPMENT SERVICES CENTER  
ZONING ENFORCEMENT  
VALERIE DECKER – (562) 570-6955

## APPLICATION FOR GARAGE EXEMPTION CERTIFICATE

Pursuant to Section 18.76 of the Long Beach Municipal Code, the undersigned hereby requests an Exemption Certificate in lieu of the parking availability report. The purpose of this certificate is to insure that the subject property is legally exempted from the above referenced ordinance. If it is determined that the subject property does not meet the exemption requirements a report setting forth the legally required off-street parking for such property and a statement as to its availability or lack of availability shall be required and obtained.

The owner or the authorized designated representative of the owner shall deliver the Exemption Certificate to the buyer or transferee of the residential building prior to the consummation of the sale or exchange.

Address of Inspection: \_\_\_\_\_ No. of Units: \_\_\_\_\_ Bldg. Use: \_\_\_\_\_

(SFD / Apt. /  
etc.)

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street)

Applicant's Address: \_\_\_\_\_

(City)

(State)

(Zip)

Fax: \_\_\_\_\_

### Mark which criteria the property falls under for exemption:

☐ Common Parking

☐ Subterranean Parking

☐ No Parking

The owner or applicant should be aware and understand that any violations determined during this inspection will require corrections regardless of a change of ownership.

I certify that I have read this application and state that the above information is correct. I agree with the above requirements and hereby authorize representative of this city to enter upon the above-mentioned property for inspection purposes, if necessary.

Owner or Listing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

(Circle One)

(Signature)

### Mail Report to:

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)

(State)

(Zip)